

# **EXHIBIT “B”**



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Thu, 12 May 2022

STATE OF TEXAS      §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Tue, 11 January 2022, which occurred in Bowie County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Jim Hollis  
Director, Crash Data & Analysis Section  
125 East 11<sup>th</sup> Street  
Austin, TX 78701-2483  
1-844-274-7457





## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

IDENTIFICATION &amp; LOCATION

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VEHICLE, DRIVER, &amp; PERSONS

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*Crash Date (MM/DD/YYYY) 01 / 11 / 2022	*Crash Time (24HRMM) 1 0 4 5	Case ID 22-003420	Local Use
*County Name BOWIE	*City Name TEXARKANA		<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)	Longitude (decimal degrees)	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdw. Sys. LR	*Hwy. Num.	2 Rdw. Part 1	Block Num. 2800	3 Street Prefix S	*Street Name BISHOP	4 Street Suffix RD
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit 55	Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.	

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdw. Sys. US	Hwy. Num. 59	2 Rdw. Part 1	Block Num. 4000	3 Street Prefix	Street Name LAKE	4 Street Suffix DR
Distance from Int. or Ref. Marker 250	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.		

Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State AR	LP Num. K790168	VIN 1 F U J G E D V X D S B Z 6 1 8 2
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Veh. Year 2 0 1 3	6. Veh. Color WHI	Veh. Make FREIGHTLINER	Veh. Model CASCADIA 125	7 Body Style TT	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 13024563	9 DL Class A	10 CDL End. N, P, S	11 DL Rest. A	DOB (MM/DD/YYYY) 0 5 / 2 5 / 1 9 6 9
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Address (Street, City, State, ZIP) 3521 CONNIE LN TEXARKANA, TX 75503

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	GLOVER, JEFF	B	52	W	1	1	1	1	97	N	96		96	97	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address ABERNATHY COMPANY INC, 3820 E 19TH ST TEXARKANA, AR 71854
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name STARR INS COMPANY	Fin. Resp. Num. 1000638049211
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Fin. Resp. Phone Num. 501-372-5200	27 Vehicle Damage Rating 1 - L & T - 3	27 Vehicle Damage Rating 2 -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By Red River Wrecker	Towed To 916 N. Robison Rd.
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Unit Num. 2	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State AR	LP Num. PT149270	VIN 1 J J C 4 0 2 1 1 N L 1 7 9 6 8 5
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Veh. Year 1 9 9 2	6. Veh. Color BRO	Veh. Make WABASH NATIONAL CORP	Veh. Model UNKNOWN	7 Body Style TL	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / /
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Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 22-003420		TxDOT Crash ID 18690840.1/2022009014		Page 2 of 2										
Case 2:22-cv-00191-JRG-RSP Document 68-2 Filed 08/17/23 Page 4 of 4 PageID #: 2486																
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	1	1	WADLEY HOSPITAL	LIFE NET												
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00356237								
	Carrier's Corp. Name ABERNATHY COMPANY INC		Carrier's Primary Addr. 3820 E 19TH ST TEXARKANA, AR 71854						30 Veh. Type 9							
	31 Bus Type 0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	8 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3							
	Unit Num. 2	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	4 0 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Sequence Of Events	35 Seq. 1 3	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	60		50					1	1	97	4	4	1	17	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)  UNIT 2 WAS BEING TOWED BY UNIT 1. UNIT 1 WAS TRAVELING EAST ON US 59 AND PROCEEDED TO TURN RIGHT (SOUTH) ON S. BISHOP RD. AS UNIT 1 CONDUCTED HIS RIGHT TURN UNIT 1 AND UNIT 2 ROLLED ON ITS SIDE CAUSING DAMAGE TO BOTH UNITS. THE DRIVER OF UNIT 1 STATED HE WAS UNSURE WHAT HAPPENED. THIRD PARTY WITNESSES STATED IT DID NOT APPEAR AS IF HE WAS GOING TOO FAST BUT THAT HE JUST OVERTURNED. WITNESS SHELIA SMITH (903) 949-2099. WITNESS CURTIS MCHESTER (903) 556-2456. WITNESS THOMAS MCQUEEN (530) 340-1293.								Field Diagram - Not to Scale 							
	Copy from Custodial File															
INVESTIGATOR	Time Notified (24HR:MM)		1 0 4 6		How NotifiedDISPATCH		Time Arrived (24HRMM)		1 0 5 3		Report Date (MM/DD/YYYY) 01/11/2022					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Jones, Darren M.										ID Num. 0254			
	ORI Num.	T X 0 1 9 0 5 0 0	*Agency TEXARKANA POLICE DEPARTMENT										Service/Region/DA 0 1			